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PTC/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		VAC 104 CON	
Application Number 10/792,302		Filed March 3, 2004	
For ISOLATION OF SPORE-LIKE CELLS FROM TISSUES EXPOSED TO EXTREME CONDITIONS			
Art Unit 1651		Examiner L.B. Lankford, Jr.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	S
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Difference between fee for 3 months end fee for 2 months (previously paid fee for 2 months 7/25/05)			s <u>285.00</u>
Four months (37 CFR 1.17(a)(4))	\$1590	400.0	•
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.		08/26/2005 TL0111	00000037 10792302
Payment by credit card. Form PTO-2038 is attached.		01 FC+2801 02 FC+2253	395-08-DA
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3129, I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
Provide credit card information and authorization on			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Re	gistration Number	48,731	
attorney or agent under 37 CFF Registration number if acting under	R 1.34. r 37 CFR 1.34		
Purha D. Monkeit		Augus	st 25, 2005
Signature		Date	
Rivka D. Monheit		404-879-2152	
Typed or printed name		Telepho	one Number
NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than on eignature is required, see below.			
Total of forms are submitted. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a banefit by the public which is to file (and by the			
This collection of information is required by 37 CFR 1.136(a). The inform USPTO to process) an application. Confidentiality is governed by 35 U. complete, including gathering, preparing, and submitting the completed comments on the amount of time you require to complete this form and/U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, 1	S.C. 122 and 37 CFR 1.11 application form to the USI or suggestions for reducing Box 1450, Alexandria, VA	and 1.14. This collection is self PTO. Time will vary depending githis burden, should be sont to 222313-1450. DO NOT SEND	upon the Individual case. Any the Chiaf Information Officer,

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.